

## **Assistive Technology and Appliances**

**Definition:** Assistive Technology and/or Appliances (authorized as Medical Equipment- T2029) means a device, an item, piece of equipment, or product system, that is used to increase or improve functional capacities of participants thereby resulting in a decrease or avoidance of need for other waiver services (e.g., personal care, respite, etc.) This service may include the evaluation of the assistive technology/appliance needs of a participant, including a functional evaluation of the impact of the provision of appropriate assistive technology and appropriate services to the participant in the customary environment of the participant; and training or technical assistance for the participant, or, where appropriate, the family members, guardians, advocates, or authorized representatives of the participant. Appliances intended for general household utility that do not result in a decrease in need for other waiver services are not covered. This service is not intended to replace traditional household appliances for the convenience of family/household members or caregivers. Additionally, devices, items, equipment and/or product systems not proven effective, or deemed trial or experimental are not covered. Repairs not covered by warranty are covered, and replacement of parts/equipment are covered, if these repairs or parts/equipment are not related to abuse, mistreatment or carelessness. The lifetime limit on repairs (not covered under warranty) and/or replacement of part/equipment is \$1,000.

When an item funded by the waiver requires a repair, and the item cannot be transported to the provider for assessment, an assessment to determine the scope of the repairs needed can be funded by the waiver. Reimbursement for the assessment covers travel time mileage, and labor costs and may not exceed \$75. The Repair Assessment must be submitted to the Waiver Case Manager, and must include a summary of the work completed, findings from the assessment and a determination of the repairs needed. The determination of the repairs needed must be detailed and include all necessary steps to complete the repair. The assessment must include the specific parts needed and cost.

**Providers:** Assistive technology and appliances must be provided by vendors who are enrolled with SCDHHS as Durable Medical Equipment (DME) providers or by DDSN/DSN Boards/contracted providers. **A vendor enrolled with SCDHHS as a DME provider cannot opt to bill the Financial Manager.** The provider list for this service is located on DDSN's website.

In most instances, Assistive Technology and Appliances is provided by a vendor enrolled with SCDHHS as a DME provider. There may, however, be circumstances where a participant's needs can be met by a vendor that is not enrolled with SCDHHS. Vendors who are not enrolled with SCDHHS **must** contract with the Financial Manager to provide Assistive Technology and Appliances.

**Note:** Durable Medical Equipment (DME) is the name of a service available to all Medicaid participants in South Carolina. It is not the name of a Community Supports Waiver service.

**Note:** For waiver participants under the age of 21, all requests for Assistive Technology and Appliances must be reviewed for State Plan Medicaid funding under Early Periodic Screening, Diagnostic, and Treatment (EPSDT). If the request is determined to not meet EPSDT guidelines, but does provide a specific, direct benefit to the participant (i.e. enable him/her to overcome a barrier clearly linked to his/her disability) and eliminate/reduce the need for either Personal Care or another direct care service, the request can be reviewed for waiver funding.

### **Conflict Free Case Management:**

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

**Arranging for the Service:** Once the participant's need is documented in the Support Plan, determine that the provision of assistive technology or appliances will meet or address the need according to the specific service definition listed above. Service notes must be very thorough in order to justify approval. All records are subject to review and must support the WCM's professional judgment.

**State procurement policy must be followed as appropriate:**

**A. \$10,000 or less NO COMPETITION:**

Small purchases not exceeding \$10,000 may be accomplished without securing competitive quotations if the prices are considered reasonable. The purchasing office must annotate the purchase requisition "Price is fair and reasonable" and sign. The purchases must be distributed equitably among qualified suppliers. When practical, a quotation must be solicited from a provider other than the previous supplier before placing a repeat order. The administrative cost of verifying the reasonableness of the price of purchase "not in excess of" may more than offset potential savings in detecting instances of overpricing. Action to verify the reasonableness of the price need be taken only when the procurement officer of the governmental body suspects that the price may not be reasonable, comparison to previous price paid, or personal knowledge of the item involved.

**B. \$10,001 to \$25,000 THREE WRITTEN QUOTES:**

Written request for written quotes from a minimum of three (3) qualified sources of supply may be made and, unless adequate public notice is provided in the South Carolina Business Opportunities, documentation of at least three (3) bona fide, responsive, and responsible quotes must be attached to the purchase requisition for a small purchase not in excess of \$25,000. The award must be made to the lowest responsive and responsible sources. The request for quotes must include a purchase description. Requests must be distributed equitably among qualified suppliers unless advertised as provided above.

**C. \$25,000.01-\$100,000 ADVERTISED SMALL PURCHASE:**

Written solicitation of written quotes, bids, or proposals may be made for a small purchase not in excess of \$100,000. The procurement 250-08-DD, February 20, 2020, Page 4 must be advertised at least once in the South Carolina Business Opportunities publication. A copy of the written solicitation and written quotes must be attached to the purchase requisition. The award must be made to the lowest responsive and responsible source or, when a request for proposal process is used, to the highest ranking offeror.

The SCDDSN Waiver Administration Division will review the request. To initiate the service following approval from the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. Ongoing services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

If the authorized provider is enrolled with SCDHHS as a DME provider, the item or service must be Direct-billed to SCDHHS. This must be indicated on the authorization.

If the authorized provider is a DSN Board or other DDSN-contracted provider, the service must be Board-billed to the participant's SCDDSN Financial Manager agency. This must be indicated on authorization.

If the provider of a Board Billed service is not directly enrolled as a Medicaid Provider and is not on the DDSN QPL but will be invoicing the financial manager for services, the "non-shareable" indicator should be selected when authorizing the service and the authorization can be printed and faxed to the provider. For providers that are contracted by the Financial Manager, a copy of the authorization must be sent to the Financial Manager and to the SURB Division SCDDSN Central Office Finance.

**Back dating of referrals is prohibited.**

**Monitoring the Services:** The WCM must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made. The following schedule should be followed when monitoring assistive technology and appliances:

- Monitoring should be conducted within two (2) weeks of receipt of one-time items.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some questions to consider during monitoring include:

#### One-Time Items

- Did the participant receive the item?
- What is the benefit of the item to the participant?
- Is the item being used as prescribed?
- Was the participant satisfied with the provider of the item?
- Was the provider responsive to the participant's needs?

#### On-going Items

- Has the participant's health status changed since the last monitoring? If so, do all authorized supplies need to continue at their current amounts and frequencies?
- Are the specific brands appropriate for the participant's needs, or does a change need to be made?
- Are additional supplies needed at this time? Are there any new needs?
- Does the participant receive his/her monthly supplies in a timely manner?
- What is the benefit of the item to the participant?
- Are the items being used as prescribed?
- Is the participant satisfied with the provider?
- Is the provider responsive to the participant's needs?

**Suspension, or Termination of Services:** If services are to be suspended or terminated, a written notice must be forwarded to the participant or his/her legal guardian including the details regarding the change(s) in service, allowance for reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the reconsideration process.